Name in Full E. McDraw

Certificate of Death

Town County

Died at Near Denton, Caroline, MARYLAND

Month Day Y. M. D.

Date 189 June 20 92 Age Native of Virginia Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living 3

Husband / Wife of Mrs E. McDraw

Father's Name

Mother's Name 14 F

Cause of Death { Primary Accidental drowning

Immediate

How long sick

Accident, Suicide, ~~Homicide~~

Reported by James E. Reynolds J.P. ad. Coroner

Address Denton, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 15960

Name In Full

Mrs. Virginia Friend

Certificate of Death

Died at Town near Preston County Caroline MARYLAND

| Data 189 9 | Month Day 6-23 | Age Y. M. D. | Native of | Occupation |
|---|---|---|---|---|

~~Male~~ Female ~~White~~ Colorad Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary — Heart failure — 15-5-6 — How long sick

Immediate — ~~Accident, Suicide, Homicide~~

Reported by Fredericksburg Courier

Address

June 24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79775

Name in Full

Certificate of Death

Jas. Green

Died at Town Concord County Caroline MARYLAND

Date 189 9 Month 6 Day 1 | Age Y. 60 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by American Union 6-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full

Certificate of Death

Vincent Harris

Town

County

Died at Marydel Caroline MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 6 26 Age 67. 10. 8 Md. Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 2

Husband of Edney Harris

Wife

Father's Name

Mother's Name

Cause of Death: Primary — Senile Paralysis. How long sick 4 4

Immediate — Exhaustion. Accident, Suicide, Homicide

Reported by James Polley M. D

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Jos. A. Stafford
undertaker
Sudlersville
Md

Name In Full John Charles Montgomery Hubbard — Certificate of Death

Died at — Town — County Caroline — MARYLAND

Date 189 9 — Month 6 — Day 15 — Age Y. 47 M. D. — Native of — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — Married / Single / Widow / Widower / Divorced — Number of children living

Husband of
Wife

Father's Neme Emrals Hubbard — Mother's Name Ellen T. Hubbard

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Greensborough Free Press

Address 6-16

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full Mrs Rachael Kennamon

Certificate of Death

Denton Caroline Co Md

Died at Town Denton County Caroline MARYLAND

Date 1899 Month June Day 17 | Age Y. 73 M. - D. - | Native of Delaware | Occupation Housewife

Male - White - Married Mrs Widow , Divorced

Female ~ Colored Single Widower Number of children living 12

Husband of Wife Benmah Kennamon

Father's Name Wm A Wicks Mother's Name Dont Know

Cause of Death: Primary Brights; 9 7 How long sick

Immediate Paralysis Accident, Suicide, Homicide

Reported by Emoda Seagroves M D

Address Denton Caroline Co Md

Must be signed by physician, if eny in ettendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Enoch George

of Atlanta Ga

Seen by Coroner no

of —

Name in Full

Certificate of Death

#5162 Lydia J. Mook

Town: Preston County: Caroline MARYLAND

Died at

Date 1899 Month: 6 Day: 16 | Age Y. 56 M. D. | Native of New York | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living ———

~~Husband~~ Wife of Solamon Mook

Father's Name

Mother's Name 42

Cause of Death: Primary Cerebral Hemorrhage — How long sick 2 yrs.

~~Immediate~~ Not Contageous — Accident Suicide ~~Homicide~~

Reported by J. R. Phillips M.D.

Address Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 56065

Name in Full

Certificate of Death

Mary L Moore

Died at Town Dunkirk County Anne Arundel MARYLAND

Date 189 9 Month June Day 11 Age Y. 9 M. 0 D. — Native of Maryland Occupation Housekeeper

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 7

~~Husband~~ Wife of Frank Moore

Father's Name John Young Mother's Name —

Cause of Death: Primary 6 . 161 How long sick 2 years

Immediate Pneumonia Accident, Suicide, Homicide

Reported by James F Lamp

Address undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full John Dennis Mooney

Certificate of Death

Died at Town Mount Airy County Carroll MARYLAND

Date 189 Month 6 Day 2 | Age Y. 60 M. D. | Native of | Occupation

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of Wife

Father's Name

Mother's Name 8.1

Cause of Death { Primary Chronic Gastritis | How long sick 6 months

Immediate | Accident, Suicide, Homicide

Reported by [illegible]

Address [illegible] Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

(cage)

Photo-informatique
Elysée

Name in Full

Certificate of Death

Edith Payne

Town

County

Died Near Hynson Caroline MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| 6 | 16 | Age. 14 | | | Md. | Student |

Date 1899

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband / Wife of

Father's Name: Frank Payne

Mother's Name: Josephine Payne

Cause of Death — Primary: Cystitis – Chronic 10 2 (How long sick)

Cause of Death — Immediate: Consecutive Pyelitis (Accident, Suicide, Homicide)

Reported by J. R. Phillips

Address Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full

Certificate of Death

William Pratts

Died at Town: American Corner County: Caroline MARYLAND

Date 189 Month: June Day: 6 | Age Y. 44 M. 11 D. 10 | Native of | Occupation Farmer

Male ~~Female~~ | Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living one

Husband of Wife Gertrude Pratts

Father's Name John Pratts | Mother's Name Elisa Pratts

Cause of Death: Primary Phthisis — How long sick Several mos.

Immediate suffocation — ~~Accident, Suicide, Homicide~~

Reported by Jas H Ward

Address Madison Town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name In Full Wesley Thomas

Certificate of Death

Died at near Town Federalsburg County Caroline MARYLAND

Date 189 9 Month 6 Day 16 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | ~~White~~ Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary Apoplexy 42 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Federalsburg Courier

Address [redacted] June 24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898